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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005236

1. Corporation Name

BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, IN
C.

Principal Place of Business

ALL FLORIDA PROPERTY MANAGEMENT
301 BEVILLE RD. #21
BAYTONA BEACH FL 32119

Mailing Address

1301 BEVILLE RD.
SUITE 21
BAYTONA BEACH FL 32119



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 449 Bouchelle Dr.

23 City & State
New Smyrna Beach, FL

24 Zip 32169 25 Country Volusia

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/16/1993

4. FEI Number
59-3210933

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEDRICK, DAVID CAM
1301 BEVILLE RD. #21
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name
Jack Pollard, CAM.
82 Street Address (P.O. Box Number is Not Acceptable)
All Florida Realty Services, Inc.
83 1301 Beville Rd. #21
84 City Daytona Beach, FL 85 Zip Code 32119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jack Pollard Cam 3-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD DELETE
NAME SKATES, MARCI
STREET ADDRESS 449 BOUCHELLE DR. #205
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE VPD DELETE
NAME HAIZLIP, JACK
STREET ADDRESS 449 BOUCHELLE DR #203
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE DP DELETE
NAME MIDDLETON, BEVERLY
STREET ADDRESS 449 BOUCHELLE DR #204
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD Change Addition
1.2 NAME Ernest Mitchell
1.3 STREET ADDRESS 449 Bouchelle Dr. #105
1.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

2.1 TITLE VPTD Change Addition
2.2 NAME Jack Haizlip
2.3 STREET ADDRESS 449 Bouchelle Dr. #203
2.4 CITY-ST-ZIP New Smyrna Beach, FL 32169

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 904-428-7916
Date Daytime Phone #

CR2037 (11/98)